



LIBRARY MEMBERSHIP APPLICATION – NO CHARGE
PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

(N.B. Sections marked with * must be completed)

Membership Type*: ADULT UNDER 16 ADDITIONAL INTERESTS COMPUTER TRAINING FAMILY HISTORY

Gender*: MALE FEMALE Month/Year of Birth*:

First Name(s) *:

Surname*:

CONTACT DETAILS: N.B. SIGNATURE/ADDRESS/CONTACT DETAILS OF PARENT/GUARDIAN REQUIRED BELOW FOR MEMBERS AGED UNDER 16

Contact Address*:

Post Code*: Parent/guardian name, if under 16

Home Address, including postcode (if different from above):

Telephone Contact Details:
 Home: Mobile: Work:

Email:

Type of ID*:

N.B. Proof of name AND address required. Acceptable forms of ID include rent book, recent utility bill, driving licence, recent bank statement, etc

DECLARATION: (PLEASE TICK ALL THAT APPLY, SIGN & DATE BELOW)

- I have received, read and agree to abide by the Library's User Policy & where applicable, Acceptable Use Policy for computer usage. (Copy of Policies on display in the library and may be updated from time to time).
- I understand that you will only use the information I have provided to manage the library service. We may contact you to inform you of our services.
- I agree to receiving occasional library service updates/newsletters via email



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The information below will be used for statistical purposes only

Ethnic Origin: It would be helpful if you were able to share with us the following information:

White British White Irish White Other Asian - Indian Asian – Pakistani Asian - Bangladeshi Asian Other
 Black Caribbean Black African Black Other Chinese

Other

Do you consider yourself disabled? Yes No Prefer not to say

(If YES, please tick one or more boxes below, as appropriate):

Blind/Partially Sighted Deaf/Hard of Hearing Learning Disability
 Mental health problem
 Physically disabled Speech/language difficulty Other

[Note: These are the definitions used by Newcastle City Library]

----- **OFFICE USE SECTION** -----

Application fully completed

Proof of ID sighted or applicant known to Librarian
 (IF CHILD MEMBER, ID MUST RELATE TO PARENT OR GUARDIAN)

Membership no allocated MEMBERSHIP
NUMBER

Date membership card issued DD/MM/YYYY

MEMBERSHIP COMPLETED BY: LIBRARIAN SIGNATURE

COMPLETED FORM MUST BE SCANNED & DOCUMENT SECURELY SHREDDED AFTER ENSURING SCAN IS SUCCESSFUL